

External Quality Review 2000 Physician Survey for HIV/AIDS Focus Study

Physician Name: _____

Office/Clinic Name: _____

Please complete all of the appropriate questions and return in the enclosed envelope. All of the questions below apply to your entire patient population regardless of payment source.

1. Identify your practice specialty: (Mark all that apply)

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Hematology/Oncology | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> General Medicine | <input type="checkbox"/> Cardiology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Dermatology |
| <input type="checkbox"/> Obstetrics and Gynecology | <input type="checkbox"/> Other (please specify) _____ | |

2. Do you manage the care of patients with HIV/AIDS? (Examples of managing the care and treatment of persons living with HIV/AIDS includes CD-4 and viral load testing; antiretroviral therapy; PCP prophylaxis; risk reduction counseling.)

- ☐ Yes ☐ No (end of survey, please return in attached envelope)

3. Please specify your level of management for HIV/AIDS patients. (Choose the best that applies)

- ☐ I provide all or most of the direct clinical care for my HIV/AIDS patients.
- ☐ I provide most of the direct care with consultative assistance from an HIV/AIDS specialist.
- ☐ I manage some of the HIV/AIDS care for my patients, and I refer complex cases to an HIV/AIDS specialist.
- ☐ I refer my HIV/AIDS patients to a specialist for management of their HIV/AIDS.

4. How many HIV/AIDS patients have you managed in the last **24 months**?

- | | |
|---|--|
| <input type="checkbox"/> 1-12 patients | <input type="checkbox"/> 25-49 patients |
| <input type="checkbox"/> 13-24 patients | <input type="checkbox"/> 50 or more patients |

5. Have you attended any CME offerings or earned CME credits related to the care and treatment of patients with HIV/AIDS?

- ☐ Yes ☐ No

If yes, in the last **3 years**, please estimate how many HIV/AIDS related CME credits you received?

- ☐ 1-6 ☐ 7-11 ☐ 12-18 ☐ 19 or more

Please return to MPRO in the enclosed envelope before 10/16/01.
Thank you for taking the time to complete this survey.